1	BILL NO
2	INTRODUCED BY
3	(Primary Sponsor)
4	A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE MONTANA HEALTH AND ECONOMIC LIVELIHOOD
5	PARTNERSHIP ACT; REQUIRING CERTAIN INDIVIDUALS TO PARTICIPATE IN WORKFORCE
6	DEVELOPMENT ACTIVITIES AS A CONDITION OF RECEIVING MEDICAID BENEFITS; REQUIRING THE
7	DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO COLLECT AN ASSET-BASED FEE ON
8	CERTAIN INDIVIDUALS; REQUIRING PAYMENT OF MAXIMUM PREMIUMS ALLOWED BY LAW; AMENDING
9	SECTIONS 39-12-103, 53-6-1303, 53-6-1304, 53-6-1307, AND 53-6-1317, MCA; REPEALING SECTION
10	15-30-2660, MCA; AND PROVIDING A CONTINGENT EFFECTIVE DATE."
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12	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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14	NEW SECTION. Section 1. Program integrity fee. (1) The department shall collect a fee as provided
15	in subsection (2) for a participant who has assets that exceed:
16	(a) a primary residence and attached property valued above the limit established for homesteads under
17	70-32-104;
18	(b) one light vehicle; and
19	(c) a total of \$50,000 in cash and cash equivalent.
20	(2) The fee is \$100 a month plus an additional \$4 a month for each \$1,000 in assets above the amounts
21	established in subsection (1).
22	(3) Fees collected pursuant to this section must be deposited in the general fund.
23	(4) If a participant fails to pay the fee, the department shall disenroll the person from the program and
24	initiate a civil action to collect any amount due from the participant if the amount due exceeds the costs to the
25	department of collecting the fee.
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27	Section 2. Section 39-12-103, MCA, is amended to read:
28	"39-12-103. (Temporary) Montana HELP Act workforce development participation <u>exceptions</u>
29	report. (1) The department shall provide Except as provided in subsection (2), individuals receiving assistance
30	for health care services pursuant to Title 53, chapter 6, part 13, with the option of participating shall participate
	[I egislative

1 in an employment or reemployment assessment and in the workforce development program provided for in 39-12-101.

- 3 (2) (a) The assessment must identify any probable barriers to employment that exist for the member.
- 4 (b) If the department determines that a program participant will not be work-ready without assistance
 5 from other nondepartmental programs, further participation in the workforce development program is waived.
- 6 (3) To remain eligible for assistance for health care services, a program participant must:
- 7 (a) complete the assessment within 30 days of being determined eligible for health care services; and
- 8 (b) take part in identified workforce development activities until the department has:
- 9 (i) determined that the individual has completed all available activities; or
- 10 (ii) waived further participation in the workforce development program pursuant to subsection (2)(b).
- 11 (2)(4) (a) The department shall notify the department of public health and human services when a participant has:
- 13 (i) completed the workforce assessment; and
 - (ii) received all services and assistance under subsection (1) that can reasonably be provided to the individual.
 - (b) The department is not required to provide further services under this section after it has provided the notification provided for in subsection (2)(a) (4)(a)(ii).
 - (c) A participant who is no longer receiving services under this section does not meet the criteria of 53-6-1307(6)(c) for the exemption granted under 53-6-1307(6).
 - (3)(5) The department shall report the following information to the oversight committee provided for in 53-6-1316:
 - (a) the activities undertaken to establish a workforce development program for program participants; and
 - (b) the number of participants in the workforce development program, and the number of participants who have obtained employment or higher-paying employment, and the number of participants who were exempted from participation in the program pursuant to subsection (2)(b).
 - (4)(6) To the extent possible, the department of public health and human services shall offset the cost of workforce development activities provided under this section by using temporary assistance for needy families reserve funds.
- 29 (5)(7) The department shall reduce fraud, waste, and abuse in determining and reviewing eligibility for 30 unemployment insurance benefits by enhancing technology system support to provide knowledge-based



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1 authentication for verifying the identity and employment status of individuals seeking benefits, including the use

- 2 of public records to confirm identity and to flag changes in demographics. (Terminates June 30, 2019--sec. 28,
- 3 Ch. 368, L. 2015.)"

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- **Section 3.** Section 53-6-1303, MCA, is amended to read:
- 6 "53-6-1303. (Temporary) Definitions. As used in this part, the following definitions apply:
- 7 (1) (a) "Cash equivalent" means cash, including any money issued by the United States or by the 8 sovereign government of another country, and, if reasonably convertible into cash with 1 year:
- 9 (i) personal property, including but not limited to vehicles, precious metal as defined in 30-10-103, 10 jewelry, artwork, and gemstones; and
 - (ii) personal property, including but not limited to certificates of deposit, certificates of stock, government or corporate bonds or notes, promissory notes, licenses, copyrights, patents, trademarks, contracts, software, and franchises.
- 14 (b) The term does not include real estate or improvements to real estate.
- 15 (1)(2) "Department" means the department of public health and human services provided for in 2-15-2201.
- 17 (2)(3) "HELP Act" or "act" means the Montana Health and Economic Livelihood Partnership Act provided 18 for in Title 39, chapter 12, and this part.
- 19 (3)(4) "Member" means an individual enrolled in the Montana medicaid program pursuant to 53-6-131 or receiving medicaid-funded services pursuant to 53-6-1304.
- 21 (4)(5) "Program participant" or "participant" means an individual enrolled in the Montana Health and
 22 Economic Livelihood Partnership Act program established in Title 39, chapter 12, and this part. (Terminates June
 23 30, 2019--sec. 28, Ch. 368, L. 2015.)"

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- 25 **Section 4.** Section 53-6-1304, MCA, is amended to read:
 - "53-6-1304. (Temporary) Montana HELP Act program -- eligibility for coverage of health care services -- statutory appropriations -- federal special revenue. (1) An individual is eligible for coverage of health care services provided pursuant to this part if the individual:
- 29 (a) meets the requirements of 42 U.S.C. 1396a(a)(10)(A)(i)(VIII); and
- 30 (b) takes part in the workforce development program provided for in Title 39, chapter 12.



(2) Funds necessary to implement this part, including benefits and administrative costs, are statutorily appropriated, as provided in 17-7-502, from the general fund to the department.

- (3) There is an account in the federal special revenue fund to the credit of the department for the payment of costs, including benefits and administrative costs, of providing health care services to individuals who are eligible for coverage pursuant to subsection (1).
- (4) The federal medical assistance percentage received pursuant to 42 U.S.C. 1396d(y) must be deposited in the account provided for in subsection (3).
- (5) Money in the account is statutorily appropriated, as provided in 17-7-502, to the department for the purpose provided in subsection (3). (Terminates June 30, 2019--sec. 28, Ch. 368, L. 2015.)"

Section 5. Section 53-6-1307, MCA, is amended to read:

"53-6-1307. (Temporary) Premiums -- collection of overdue premiums -- nonpayment as voluntary disenrollment -- reenrollment -- exemptions. (1) (a) A program participant shall pay an annual premium, billed monthly, equal to 2% of the participant's income as determined in accordance with 42 U.S.C. 1396a(e)(14) the maximum amount allowed under 42 U.S.C. 1396a, et seg., and related federal regulations.

- (b) Premiums paid pursuant to this section must be deposited in the general fund.
- (2) Within 30 days of a participant's failure to make a required payment, the third-party administrator shall notify the participant and the department that payment is overdue and that all overdue premiums must be paid within 90 days of the date the notification was sent.
- (3) (a) If a participant with an income of 100% of the federal poverty level or less fails to make payment for overdue premiums, the department shall provide notice to the department of revenue of the participant's failure to pay. The department of revenue shall collect the amount due for nonpayment by assessing the amount against the participant's annual income tax in accordance with Title 15, chapters 1 and 30.
- (b) The debt remains until paid and may be collected through assessments against future income tax returns or through a civil action initiated by the state.
- (4) If a participant with an income of more than 100% but not more than 138% of the federal poverty level fails to make the overdue payments within 90 days of the date the notification was sent, the department shall:
 - (a) follow the procedure established in subsection (3) for collection of the unpaid premiums; and
- (b) consider the failure to pay to be a voluntary disenrollment from the program. The department may reenroll a participant in the program upon payment of the total amount of overdue payments.



(5) If a participant who has failed to pay the premiums does not indicate that the participant no longer wishes to participate in the program, the department may reenroll the person in the program when the department of revenue assesses the unpaid premium through the participant's income taxes.

- (6) Participants who meet two of the following criteria are not subject to the voluntary disenrollment provisions of this section:
 - (a) discharge from United States military service within the previous 12 months;
- (b) enrollment for credit in any Montana university system unit, a tribal college, or any other accredited college within Montana offering at least an associate degree, subject to the provisions of subsection (7);
 - (c) participation in a workforce program or activity established under Title 39, chapter 12; or
- (d) participation in any of the following healthy behavior plans developed by a health care provider or third-party administrator or approved by the department:
- 12 (i) a medicaid health home;

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- 13 (ii) a patient-centered medical home:
- 14 (iii) a cardiovascular disease, obesity, or diabetes prevention program;
- (iv) a program restricting the participant to obtaining primary care services from a designated providerand obtaining prescriptions from a designated pharmacy;
 - (v) a medicaid primary care case management program established by the department;
- 18 (vi) a tobacco use prevention or cessation program;
- (vii) a medicaid waiver program providing coverage for family planning services;
- 20 (viii) a substance abuse treatment program; or
- 21 (ix) a care coordination or health improvement plan administered by the third-party administrator.
 - (7) A participant seeking an exemption under subsection (6) is not eligible for the education exemption provided for in subsection (6)(b) for more than 4 years. (Terminates June 30, 2019--sec. 28, Ch. 368, L. 2015.)"

25 **Section 6.** Section 53-6-1317, MCA, is amended to read:

- "53-6-1317. (Temporary) Duties of Montana HELP Act oversight committee -- reports. (1) To provide reports and make recommendations to the legislature, the oversight committee on the Montana Health and Economic Livelihood Partnership Act shall review:
- (a) data from and activities by the department of public health and human services and the department of labor and industry related to the health care and workforce development activities undertaken pursuant to the



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- 2 (b) the Montana medicaid program; and
- 3 (c) the delivery of health care services in Montana.
- 4 (2) The departments shall report the following information to the oversight committee quarterly:
- 5 (a) the number of individuals who were determined eligible for medicaid-funded services pursuant to 53-6-1304;
- 7 (b) demographic information on program participants;
- 8 (c) the average length of time that participants remained eligible for medical assistance;
- 9 (d) the number of participants who completed an employment or reemployment assessment;
- 10 (e) the number of participants who took part in workforce development activities;
 - (f) the number of participants subject to the fee provided for in 15-30-2660 [section 1] and the total amount of fees collected;
 - (g) the level of participant engagement in wellness activities or incentives offered by health care providers or the third-party administrator;
 - (h) the number of participants who reduced their dependency on the HELP Act program, either voluntarily or because of increased income levels; and
 - (i) the total cost of providing services under Title 39, chapter 12, and this part, including related administrative costs.
 - (3) The committee shall review and provide comment on administrative rules proposed for carrying out activities under Title 39, chapter 12, and this part. The committee may ask the appropriate administrative rule review committee to object to a proposed rule as provided in 2-4-406.
 - (4) The committee shall:
 - (a) review how implementation of the act is being carried out, including the collection of copayments and premiums for health care services;
 - (b) evaluate how health care services are delivered and whether new approaches could improve delivery of care, including but not limited to the use of medical homes and coordinated care organizations;
- (c) review ideas to reduce or minimize the shifting of the payment of unreimbursed health care costs topatients with health insurance;
- (d) evaluate whether providing incentives to health care providers for meeting measurable benchmarks
 may improve the delivery of health care services;



1 (e) review options for reducing the inappropriate use of emergency department services;

- (f) review ways to monitor for the excessive or inappropriate use of prescription drugs;
- 3 (g) examine ways to:
- 4 (i) promote the appropriate use of health care services, particularly laboratory and diagnostic imaging 5 services:
 - (ii) increase the availability of mental health services;
- 7 (iii) reduce fraud and waste in the medicaid program; and
- 8 (iv) improve the sharing of data among health care providers to identify patterns in the use of health care 9 services across payment sources;
 - (h) receive regular reports from the department on the department's efforts to pursue contracting options for administering services to members eligible for medicaid-funded services pursuant to 53-6-1304;
 - (i) coordinate its efforts with any legislative committees that are working on matters related to health care and the delivery of health care services; and
 - (j) recommend future funding options for the HELP Act program to future legislatures.
 - (5) The committee shall summarize and present its findings and recommendations in a final report to the governor and to the legislative finance committee no later than August 15 of each even-numbered year. Copies of the report must be provided to the children, families, health, and human services interim committee. (Terminates June 30, 2019--sec. 28, Ch. 368, L. 2015.)"

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- <u>NEW SECTION.</u> **Section 7. Repealer.** The following section of the Montana Code Annotated is repealed:
- 22 15-30-2660. Taxpayer integrity fee.

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<u>NEW SECTION.</u> **Section 8. Codification instruction.** [Section 1] is intended to be codified as an integral part of Title 53, chapter 6, part 13, and the provisions of Title 53, chapter 6, part 13, apply to [section 1].

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NEW SECTION. Section 9. Contingent effective date. (1) [This act] is effective on the date that the director of the department of public health and human services certifies to the governor that the federal government has changed the laws related to the medical assistance program provided for in Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., in a manner that allows for the provisions of [this act] to go into

- 1 effect.
- 2 (2) The governor shall transmit a copy of the certification to the code commissioner.

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